

GP/2818

<b>TRANSMITTAL FORM</b>	Attorney Docket No. <b>2203P</b>
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In re the application **HUSHER**

Serial No: 10/034,279

Filed: Dec 28, 2001



COPY OF PAPERS  
ORIGINALLY FILED

DATE: July 1, 2002

Group Art Unit: 2818

Examiner: Nhu, D.

For: **Buried Power Buss Utilized as a Ground Strap for High Current, High Power Semiconductor Devices and a Method for Providing the Same**

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Restriction Response	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
<input checked="" type="checkbox"/>			Postcard
<input type="checkbox"/>			Other Enclosure(s) (please identify below):

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	21	21	0	\$9.00	\$ 0.00
Independent Claims	3	3	0	\$42.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. _____ (Account Holder Name)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	July 1, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 1, 2002	
Type or printed name	Grace Alicea
Signature	

RECEIVED  
JUL 4 2002  
TECHNOLOGY CENTER 2800